

AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186
County Registrar No. 280
Local Registrar No. 280

1. County Pima
District of _____
Town of Inspiration
or _____
City of _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Reveras
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? ☒ 6. Date of birth June 30 1927 Month _____ day _____ year _____

7. No., in order of birth _____ 8. FATHER Full name Clyde Winkle 9. Residence (Usual place of abode) Mr. Pleasant Hill If nonresident, give place and state _____ 10. Color of race White 11. Age at last birthday _____ (Years)

12. Birthplace (city or place) Arkansas (State or country) 13. Occupation Nature of industry Don't know 14. MOTHER Full maiden name Audie Reveras 15. Residence (Usual place of abode) None If nonresident, give place and state _____ 16. Color of race White 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Arkansas (State or country) 19. Occupation Nature of industry None 20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

22. I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from supplemental report _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* Signature Reson B. B. B. (Physician or midwife) Address None

Month, day, year. 092-635-192 Registrar. Filed July 11 1927 Local Registrar. County Registrar.